



**CHILD CARE SCHOLARSHIP PROGRAM – EMPLOYMENT RELATED
MAXIMUM WEEKLY STANDARD RATES**

(Effective Date: June 29, 2015)

Licensed Child Care Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	\$215.00
Full Time	18 – 35	\$205.00
Full Time	36 – 78	\$180.00
Full Time	79 - 155	\$141.40
Half Time	1 – 17	\$166.56
Half Time	18 – 35	\$158.64
Half Time	36 – 78	\$139.44
Half Time	79 - 155	\$88.50
Part Time	1 – 17	\$83.28
Part Time	18 – 35	\$79.32
Part Time	36 – 78	\$69.72
Part Time	79 - 155	\$44.19

Licensed Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	\$172.50
Full Time	18 – 35	\$167.50
Full Time	36 – 78	\$152.50
Full Time	79 - 155	\$78.22
Half Time	1 – 17	\$133.44
Half Time	18 – 35	\$129.60
Half Time	36 – 78	\$118.08
Half Time	79 - 155	\$60.00
Part Time	1 – 17	\$66.72
Part Time	18 – 35	\$64.80
Part Time	36 – 78	\$59.04
Part Time	79 - 155	\$30.00

License-Exempt Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	72 – 78	\$90.00
Full Time	79 - 155	\$70.70
Half Time	72 – 78	\$69.72
Half Time	79 - 155	\$44.25
Part Time	72 – 78	\$34.86
Part Time	79 - 155	\$22.10

License-Exempt Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	\$120.75
Full Time	18 – 35	\$117.25
Full Time	36 – 78	\$106.75
Full Time	79 - 155	\$54.75
Half Time	1 – 17	\$93.41
Half Time	18 – 35	\$90.72
Half Time	36 – 78	\$82.66
Half Time	79 - 155	\$42.00
Part Time	1 – 17	\$46.70
Part Time	18 – 35	\$45.36
Part Time	36 – 78	\$41.33
Part Time	79 - 155	\$21.00

**** NOTE:** Payments CANNOT be made to a License-Exempt Center for children under age 72 months.

****Note:** The weekly Standard Rate is not the actual paid amount

- Families are required to contribute to the cost of care by paying a cost share per child, per week.
- The reimbursement paid to providers is calculated by comparing the provider's rate to the NH Weekly Standard Rate and subtracting the child's cost share from the lesser of the two amounts. Department of Health and Human Services (DHHS) pays this amount.
- If the provider charges more than the NH Weekly Standard Rate, it is up to the provider to collect the amount of money referred to as the co-payment per child.
- DHHS will only pay for the hours that the child is in care and that the parent/guardian is in their approved activity.
- The family's authorized level of service is determined by the number of hours per week in which the parent is participating in an approved activity.

LEVEL OF SERVICE	
Full Time Level of Service	31 or more hours per week
Half Time Level of Service	16 – 30 hours per week
Part Time Level of Service	1 – 15 hours per week

- Regardless of what the parent/guardian is authorized for, DHHS will only pay for the time that the child is in care. (Example: If the parent is authorized for full time level of service and the child was out sick and only attended care for 18 hours that week, DHHS will only reimburse the provider at the half time level of service that week.)
- School-age children will automatically change from half time to full time during school vacations.

CHILDREN WITH SIGNIFICANT SPECIAL NEEDS		
Providers caring for children with significant special need(s) can be reimbursed an additional amount per week.		
Full time = \$50.00 per week	Half time = \$30.00 per week	Part time = \$15.00 per week
*Contact the local District Office to obtain the Form 2690 "Verification for a Child Experiencing Significant Special Needs"		

How to determine the DHHS Child Care Scholarship Payment

The NH Child Care Scholarship provider reimbursement amount is the amount that the Department pays to the provider towards the cost of services for families receiving NH Child Care Scholarship. To calculate this rate for each child:

- Using the NH Child Care Weekly Standard Rate (WSR) chart, determine the child's weekly rate based on the type of provider, the child's age, and the authorized level of service for the number of hours billed that week.
- Compare the child's Weekly Standard Rate with the provider's weekly charge and identify the lesser amount.
- Subtract the child's cost share (found on AE0024 letter) from this lesser amount.

Note: The Weekly Standard Rate (WSR) is NOT the amount that will be paid to the provider. Providers may bill parents/guardians up to the difference between the amount DHHS paid to the provider and the provider's weekly charge.

Example 1:

The WSR for a Licensed Center for a child 18-35 months, authorized for full-time: \$205.00 per week
 This provider charges private pay families: \$250.00 per week
 The child's cost share for Scholarship: \$20.00 per week
 Compare the WSR (\$205.00) with the provider's charge (\$250.00) and identify \$205.00 as the lesser amount
 Subtract the cost share of \$20.00 from the WSR of \$205.00 (\$205.00 - \$20.00 = \$185.00)
 The Provider Reimbursement Amount is \$185.00 per week

Example 2:

The WSR for a License-Exempt Center for a child over 79 months, authorized for half-time: \$44.25 per week
 This provider charges private pay families: \$30.00 per week
 The child's cost share for Scholarship: \$20.00 per week
 Compare the WSR (\$44.25) with the provider's charge (\$30.00) and identify \$30.00 as the lesser amount
 Subtract the cost share of \$20.00 from the provider's charge of \$30.00 (\$30.00 - \$20.00 = \$10.00)
 The Provider Reimbursement Amount is \$10.00 per week

Example 3:

The WSR for a License-Exempt family for a child age 42 months, authorized for half-time: \$82.66 per week
 This provider charges private pay families: \$90.00 per week
 The child's cost share for Scholarship: \$85.00 per week
 Compare the WSR (\$82.66) with the provider's charge (\$90.00) and identify \$82.66 as the lesser amount
 Subtract the cost share of \$90.00 from the WSR of \$82.66, which results in a negative amount. No payment will be made because the cost share is greater than the lesser amount
 The Provider Reimbursement Amount is \$0.00 per week.

